	OF CALI		Traveler ID 1	See In: Unit Code	struction	IKIZI	acy State	ement on F	Rever	se Side	BF	< Trip?	O YES	O No	
STATE OF CALIFORNIA  TRAVEL EXPENSE CLAIM  Std. (REV. 10/92)  STAFF  STATE OF CALIFORNIA  See Instructions and Friday Statement on Reverse Side  Traveler ID Unit Code RUM  210									Page		of	Pages			
CLAIMANT'S NAME         Fiscal Year         2008TEC1774         SSN OR EMPLOYEE NUMBER*           Karen Baker         2008-2009         269-52-5702									DEPA OP	RTMENT R					
POSITION Secretary of Volunteering and				CB/II	D NO.: MPT	California Volunteers						PCA# 11700			
RESIDENCE ADDRESS*  971 Castec Dr.  HEADQUARTERS ADDRESS  1110 K Street Suite 210												916-32	NE NUMBER   3-7646		
CITY	ramen		ZIP CODE 95864		ciry Sacramento				STATE CA			ZIP CODE 95814			
	THYEAR	(3)	CA (4)	(5)	MEALS		(6)	(7)	TRA	NSPORTA	TION		(8)	(9)	
Oct 2009		LOCATION WHERE EXPENSES				ОТІЛ	1	(A)	(B)	(C)	(D) PRIVATE CAR USE		1	TOTAL	
(2) DATE	TIME	WERE INCURRED	LODGING	BREAK-	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	COST OF TRANS.	TYPE	CARFARE, TOLLS, PARKING	MILES AMOUNT		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
10/20	1	Sac/SD	\$111.38			\$12.32				\$29.00	18	\$9.90		\$162.60	
10/21	1715	SD/Sac		\$6.00	\$6.85		<del>\$6.00</del>			\$40.00	18	\$9.90		62.75 \$68.75	
												\$0.00		\$0.00	
	+ : 						:					\$0.00 		\$0.00	
	:											\$0.00		\$0.00	
	•											\$0.00		\$0.00	
		·										\$0.00		\$0.00	
									-			\$0.00		\$0.00	
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	-											\$0.00		\$0.00	
					·							\$0.00		\$0.00	
												\$0.00		\$0.00	
	[											\$0.00		\$0	
(10)	SUR	rotals	\$111.38	\$6.00	\$6.85	\$12.32	\$6.00			\$69.00	\$30	19.8		325.36 \$231.35	
		NUMNICODE (ACCTG: USE	EONLY)												
										CLAIM	TOTAI	L \$	25.3g	<del>231.35</del>	
(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)											(12)	113) NUBWAI WUBK HULIBS			
Attended Survive and Thrive Conference											(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289				
											(14) MILEAGE RATE CLAIMED				
						ИОЛ	- 9 2	009			ASENCY ACCOUNTAGO FICE				
AN CONTRACTOR OF THE SECOND AND A SECOND A S											PAID BY REVOLVING FUND CHECK NUMBER				
THEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.												\$0.55			
rHERE privately claimed	BY CERTIF owned ve , and that I	<ul> <li>Y I nat the above is a true statement of the was used, and if mileage rates ex have met the requirements as prescrib</li> </ul>	ceed the minimum rated by SAM Sections	ate, I certily th 0750, 0751.	at the cost of 0752, 0753, a										
(15) CLAMANT'S SIGNATURE OF OFFICER APPROVING TRAVE										AND F	PAYMENT	DATE	1-09		
(17) SP	ECIAL EXP	ENSE AUTHORIZATION - SIGNATUR	RE and TITLE (See I	tem 17 on rev	erse)				71				DATE		